

**MOVING/RELOCATION EXPENSE
APPROVAL REQUEST**

STD. 256 (REV. 2-96)

INSTRUCTIONS

1. Request must be complete and legible.
2. No claim will be considered unless it is first processed by the agency headquarters office and signed by authorized staff.

CLAIMANT'S NAME		CLAIMANT'S WORK TELEPHONE NUMBER	CB/ID
REQUESTING AGENCY NAME		REQUESTING AGENCY ADDRESS	
PERIOD FOR WHICH THE EXCEPTION IS REQUESTED	TOTAL REQUESTED \$	AGENCY CONTACT PERSON	TELEPHONE NUMBER

CHECK ONE, GIVE EXPLANATION BELOW, AND ATTACH REQUIRED INFORMATION / DOCUMENTS

- ☐ 1. **EXCESS MOVING WEIGHT ALLOWANCE.** (Household effects in excess of the maximum allowance (11,000 lbs.) requires appointing power approval.) See Department of Personnel Administration (DPA) Rule 599.719, Section 3823 of the State Administrative Manual (SAM) and DPA delegations. **Weight in excess of 23,000 lbs. will be paid by the employee.**
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| A. Legible copy of carrier's estimate of moving weight and costs-front and back with notations of items to be moved. | D. Size of family to be moved. |
| B. If estimated weight is over 15,000 lbs., send legible copy of Inventory of Household Goods after move occurs. | E. Reason for extra weight (describe hobbies, heavy furniture, large library, etc.). |
| C. Copy of weighmaster's certificate or carrier's bill showing total weight of household goods (if appropriate). | F. What efforts were made to reduce the weight? |
| | G. Additional information that might have a direct bearing on the case. |
- ☐ 2. **ADDITIONAL RELOCATION ALLOWANCE.** (Relocation allowance in excess of 60 days.) DPA Rule 599.721 or 599.722 and Section 3830 of SAM. **Extensions under 599.721 require DPA Approval. Extensions under 599.722 are subject to the conditions set forth in the rule.**
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| A. Date of transfer notification and actual transfer date. | E. Exactly where is the employee currently residing? (Provide name and address.) |
| B. Actual per diem claimed to date. | F. List the employee's anticipated daily expenses. |
| C. Beginning and ending dates. | G. Total cost of additional relocation. |
| D. What are the unusual circumstances? | |
- ☐ 3. **ADDITIONAL STORAGE.** (Storage allowance in excess of 60 days.) DPA Rule 599.719 and Section 3824 of SAM. **Requires DPA approval.**
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|-------------------------------|---|
| A. Date goods were stored. | D. Housing circumstances of the employee and his/her family during the period of storage. |
| B. Additional days requested. | E. Reason why request is being tendered. |
| C. Transfer date of employee. | F. Cost of additional storage. |
- ☐ 4. **SIX-MONTH EXTENSION FOR THE SALE OF THE OLD RESIDENCE.** (Applies only to represented employees subject to DPA Rule 599.716.) **Requires departmental approval.**
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|-----------------------------------|--|
| A. Date of transfer notification. | C. Date the residence was placed on the market. |
| B. Actual transfer date. | D. Efforts made to sell residence during the one-year period after transfer. |
- ☐ 5. **OTHER (Specify)** _____




EXPLANATION / REASON (If more space is needed, use reverse)

Complete, initial, and date the following certification:

I certify that no articles prohibited by DPA Rule 599.718 are included in the estimated total weight of _____ lbs. Permission is requested to include _____ lbs. of excess weight.

Initials _____ Date _____

I certify that the above information is true and correct.

AGENCY HEADQUARTERS APPROVAL 	CLAIMANT'S SIGNATURE 		DATE SIGNED
	TITLE	DATE APPROVED	TELEPHONE NUMBER
DEPARTMENT OF PERSONNEL ADMINISTRATION APPROVAL 	TITLE		DATE SIGNED